## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000044044**

1. Entity Name C & S SERVICES, L.L.C.



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

**5640 PACIFIC BOULEVARD** 

#1013 BOCA RATON, FL 33433 Mailing Address

5640 PACIFIC BOULEVARD #1013

BOCA RATON, FL 33433



## DO NOT WRITE IN THIS SPACE

04022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2808551

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

	6.	Name	and	Address	of	Current	Re	giste	red	Agent	ï
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FERRUFINO, CAROLINA 5640 PACIFIC BOULEVARD #1013 BOCA RATON, FL 33433

## DO NOT WRITE IN THIS SPACE

BUCA KA	TON, FL 33433		
	named entity submits this statement for the purpose of changitions of registered agent.	] ging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	NOWIII: FEE.IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000920315 05/14/08-80039-004_143_75
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERRUFINO, CAROLINA 5640 PACIFIC BOULEVARD #1013 BOCA RATON, FL 33433		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADORESS CITY-ST-ZIP			
TITLE		1	

11. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that phy signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or manager of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager.

SIGNATURE:

SIGNATURE AND TY

NAME STREET ADDRESS

CAROLINATERIUS IMPROBLEMENTATIVE

CAROLINATERIUS MEMBER, OR AUTHORIZED REPRESENTATIVE

04/13/08 (SG) 9298334 8